

# Air/Material Sampling Report

Michigan Department of Labor and Economic Opportunity  
Michigan OSHA/Occupational Health Laboratory

1. Reporting ID				2. Inspection/Visit/Intervention Number				3. Sampling Number										
4. Establishment Name								5. Public/Private (For Consultation use only) <input type="checkbox"/> Self-Help <input type="checkbox"/> Public <input type="checkbox"/> Private										
6. Person Performing Sampling (Signature)						7. CSHO ID		8. Sampling Date		9. Shipping Date								
10. Employee Name						11. Job Title												
12. Exposure Information Number _____ Frequency _____								13. Photo(s) <input type="checkbox"/> Yes <input type="checkbox"/> No										
<b>Exposure Summary</b>																		
14. Line No.	15. Sub-stance Code	16. Rqstd.	17. Sample Type	18. Exp. Type	19. Exp. Level	20. Units	21. PEL	22. Adj.	23. Severity	24. Citation/Hazard Information								
										No. Cited	FTA	Over Exp.	Eng.	PPE	Trng.	Med.	Other	No Haz.
1.																		
2.																		
3.																		
4.																		
5.																		
25. Additives (enter Line numbers for those agent contributing to additive effect)																		
26. Total Number of Lines (14):				27. Date Results Received from Lab				28. Pump Model				Pump Number						
<b>Sampling Data</b>																		
29. Sample Submission Number																		
30. Sample Type/Media																		
31. Filter/Tube Number																		
32. Time On																		
Time Off																		
33. Total Time (in minutes)																		
34. Flow Rate <input type="checkbox"/> l/min <input type="checkbox"/> ml/min																		
35. Volume (in liters)																		
36. Lab Sample Number																		
37. Analyze For:				38. Reporting Limit				<b>Results</b>										
1.																		
2.																		
3.																		
4.																		
5.																		
39. Results Expressed In (unless otherwise noted)									40. Test Method									
41. Interferences & IH Comments to Lab				42. Supporting Samples (Blanks)				43. Chain of Custody				Date		Initials				
								a. Seals Intact?				Y		N				
44. Analyst's Comments				Supporting Samples (Bulks)				b. Received in Lab										
								c. Received by Analyst										
								d. Analyst Completed										
								e. Calculations Checked										
								f. Supervisor Approval										

Samples **NOT** blank corrected unless otherwise indicated. Results relate only to the items tested.

## Pre-Sampling Calibration Records

45. Pump Mfg. & No.	46. Flow Rate Calculations		
47. Location			
48. Flow Rate LPM	49. Pump Calibrator Tag No	50. Initials	51. Date

Post-Sampling Calibration Records									
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52. Location	53. Flow Rate Calculations		
54. Flow Rate LPM	55. Pump Calibrator Tag No.	56. Initials	57. Date

58. PPE - Respiratory Protection (Type & Effectiveness)

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## 59. Job Description, Operation, Work Location(s), Ventilation, Controls, Field Notes, and Calculations

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, leaving small margins at the top and bottom. There are no vertical margin lines, and the paper is otherwise completely blank.

Questions regarding the analyses should be directed to Ann Whitaker, Laboratory Director

Phone: 517-284-2900 E-mail: Whitakera@Michigan.gov Fax: 517-284-2920

Phone: 517-284-2900      E-mail: [Whitakera@Michigan.gov](mailto:Whitakera@Michigan.gov)      Fax: 517-284-2920

Phone: 517-284-2900 E-mail: Whitakera@Michigan.gov Fax: 517-284-2920

**Mail To:** Michigan Department of Labor and Economic Opportunity  
MIOSHA / Occupational Health Laboratory  
PO Box 30677  
Lansing, MI 48909-8177

**Ship To:** Michigan Department of Labor and Economic Opportunity  
MIOSHA / Occupational Health Laboratory  
7707 Rickle St.  
Lansing, MI 48917